GAIN and DSM

GAIN National Clinical Training Team
2011 Version 2 Materials

Presentation Objectives

- Understand which DSM diagnoses are generated by GAIN ABS for the GAIN reports and which ones must be added by clinicians.
- Appreciate the benefits of addressing co-occurring disorders *early* in the assessment/treatment process.

Using the GAIN Diagnostically

- As a bio-psychosocial assessment battery for people entering substance abuse treatment, the GAIN is designed to help clinicians and researchers make diagnostic impressions about participants based on DSM-IV-TR criteria.
- Because the GAIN is a self-report, it should be combined with other information and interpreted by an appropriately trained clinician.
- About 3% of the clients will have severe enough cognitive problems to limit its usefulness.
- An overlapping 5% will give answers that the assessor does not believe (either due to cognitive limits or lying).
- Interpretation requires integration of information.

Substance-Related Diagnoses

Dependence:

- The symptoms suggest that as a consequence of use, the participant's body has been physiologically changed; the participant is losing control of his/her own body and behaviors and that substance use activities are displacing normal activities, relationships and responsibilities.

Abuse:

- These are symptoms suggesting that substance use activities are causing episodic problems and/or role failures that are interfering with the participant's life.

Problems:

- These are substance-induced disorders and other problems associated with substance dependence and abuse.

Substance Related Diagnoses in the GAIN-I

- **303.90 Alcohol Dependence**
- **305.00 Alcohol Abuse**
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- **304.40 Amphetamine Dependence**
- **305.70 Amphetamine Abuse**
- **304.30 Cannabis Dependence**
- **305.20 Cannabis Abuse**
- **304.20 Cocaine Dependence**
- **305.60 Cocaine Abuse**
- **304.50 Hallucinogen Dependence**
- **305.30 Hallucinogen Abuse**
- **304.00 Opioid Dependence**
- **305.50 Opioid Abuse**
- **304.90 Phencyclidine Dependence**
- **305.90 Phencyclidine Abuse**
- **304.10 Sedative, Hypnotic or Anxiolytic Dependence**
- **305.40 Sedative, Hypnotic or Anxiolytic Abuse**
- **304.80 Polysubstance Dependence**
-
- **304.90 Other Substance Dependence**
- **305.90 Other Substance Abuse**
- **304.60 Inhalant Dependence**
- **305.90 Inhalant Abuse**

Special Considerations for Substance Use Diagnoses

- Noting the Presence of Physiological Symptoms
- Course Specifiers
- Poly-Substance Dependence & Other Substance Related Axis I Disorders
- The Diagnostic Orphan

Noting Physiological Symptoms

REVIEW: Physiological symptoms may be identified when the criteria for dependence are met and there is evidence of tolerance or withdrawal.

- Specifying the presence or absence of physiological symptoms in the diagnosis is important for recognizing greater likelihood of medical problems, withdrawal, cravings, relapse and other treatment planning considerations.
- Consistent with DSM-IV TR, substance disorders in the GAIN are grouped into 11 classes. When sufficient symptoms are endorsed for each class, one of the following (in order of precedence) will be listed in the GAIN reports:

Course Specifiers

Course specifiers are used when the person has a history of dependence (3+ lifetime symptoms in S9n-u), but has been symptom-free for at least a month. After those conditions are met, there are 6 course specifiers that can be used. They are paraphrased below in descending order of precedence:

- **In a controlled environment** (no, or at least limited, access to drugs as in therapeutic communities, hospitals, or prisons)
- **On agonist therapy** (e.g. using Methadone, Antabuse, etc.)
- **Early full remission** (2-12 months symptom free)
- **Early partial remission** (2-12 months with

Poly-Substance Dependence

- Any time criteria for dependence or abuse can be met for multiple substances, then multiple diagnoses should be given.
- However, where criteria for dependence are met overall, but not for any single drug, then (and only then) should "304.80 Poly-Substance Dependence" be used.
- There must be 3 different dependence symptoms across at least 3 different substances.
- **Note:** This term is often misused to indicate people who mix multiple substances (e.g., a speedball, karachi) – however, these should be coded under the individual substances or "other" substance columns.

Axis 1: (Other) Substance-Related Disorders in the GAIN-I

- **Rule out* 304.90 Substance Dependence**
  [13+ days of use in S2d1, and 3+ Sx in S9c-u]
- **304.90 Substance Dependence NOS** [3+ Sx but no S9 grid; or 3 dependence sx across only 2 drugs, i.e. picks up anyone who doesn't meet criteria for Polysubstance Dependence]
- **305.10 Nicotine Dependence w/Physiological Sx** [(3+ Sx in R4n-u) & (n or p)]
- **305.10 Nicotine Dependence w/o Physiological Sx** [(3+ Sx in R4q-u)]
- **Rule Out* 305.10 Nicotine Dependence** [R4a GT 12]

**Rule out = aka "Provisional"*

The Diagnostic Orphan

- When someone endorses 1-2 symptoms of dependence and no symptoms of abuse, there is technically no diagnosis.
- Consider this sample S9 grid…

The Diagnostic Orphan

However, in most cases there <u>*is*</u> sufficient other information in the GAIN to complete the diagnosis. Some other key questions to review:

- Reports of use in hazardous situations or role failure (S2w)
- Past week withdrawal symptoms (S3)
- Evidence of prior treatment episodes (S7)
- Use in spite of acute medical (P3, P6, P10) or psychological (M1, M2, M3) problems
- Drug related illegal activity (L3)
- Drug related arrests (L5)

Collateral reports may also identify role failure, changes in behavior/mood, and repeated problems with the law.

Prevalence of Co-Occurring Disorders

- Research suggests that **60-80%** of people entering treatment for substance use disorders have ***one or more co-occurring psychiatric disorders***.
- Yet, only **16%** of adults and **28%** of adolescents have a co-occurring disorder ***documented in their intake assessments.***

Assessing for Co-Occurring Disorders

- Individuals with multiple co-occurring disorders are more likely to experience:
  - Problems with treatment and medication compliance
  - Shorter lengths of stay
  - Administrative discharges
  - Functional status issues
  - Community adjustment problems
  - Quality of life problems
  - Worse outcomes following treatment
- Early identification of mental health symptoms in a substance treatment program may lead to more comprehensive treatment, better outcomes, and prevention of the onset of secondary disorders.

Axis I : Non-Substance Diagnostic Statements Generated in GAIN Reports

- **Mood Disorders**
- **296.90 Major Depressive Disorder (MDD)**
- **Rule out 296.90 Mood Disorder**

- **Anxiety Disorders**
- **300.02 Generalized Anxiety Disorder (GAD)**
- **Rule out 300.00 Anxiety Disorder**
- **Rule out 309.81 Posttraumatic Stress Disorder, 308.30 Acute Stress Disorder or other disorder of extreme stress**

- **Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence**
- **314.00 Attention Deficit Hyperactive Disorder - Inattentive Type**
- **314.01 Attention Deficit Hyperactive Disorder - Combined Type**
- **314.01 Attention Deficit Hyperactive Disorder - Hyperactive Type**
- **312.89 Conduct Disorder, Severe**
- **312.89 Conduct Disorder**

- **Other Axis I Disorders**
- **Rule out 300.81 Somatoform Disorder**
- **Rule out 296.90 Mood Disorder, 300.00 Anxiety Disorder, or 300.81 Somatoform Disorder**
- **312.31 Pathological Gambling**

Special Consideration for PTSD

- For PTSD, there is no *definitive* diagnosis.
- Instead, the GRRS will print:

Axis I: Clinical Disorders/Focal Conditions

Rule Out - 309.81 Posttraumatic Stress Disorder or 308.30 Acute Stress Disorder or other disorder of extreme stress

Here's why…

Special Consideration for PTSD

– **Original conceptualization of PTSD:**
- Explicit trauma in the past
- Did not work well when people had multiple sources of trauma, trauma as a result of childhood maltreatment, or had both past and on-going trauma (common in our populations)

- **PTSD in the GAIN:**
- Traumatic Stress Scale (TSS) from M2a-M2p
- Based on the Mississippi PTSD measure
- Not designed to *distinguish* between Acute Stress Disorder, PTSD, and other disorders of extreme stress (DES or sometimes called DES-NOS, or Complex PTSD)
- This scale screens for the presence of diagnostic criteria without linkage to a discrete event

Special Consideration for Conduct Disorder

- For adults (age 18+), there are two possible diagnostic statements to address Conduct Disorder or Anti-Social Personality Disorder.

Axis I: Clinical Disorders/Focal Conditions

312.89 Conduct Disorder

Axis II: Personality Disorders/Mental Retardation

Rule Out - 301.70 ASPD and 301.83 BPD

Here's why…

Special Consideration for Conduct Disorder

- The GAIN does not use the DSM-IV age of onset constraint in order to evaluate the extent to which externalizing behavior problems persist in to adulthood
- **C**
- 1. Can an adult age 18 or older have a diagnosis of Conduct Disorder?

Yes. Conduct Disorder may be a valid diagnosis for an adult, provided they do not meet criteria for Anti-Social Personality Disorder (ASPD) [see DSM-IV TR p. 98-99, Criteria C]

Yes	**No**
For sites using the GAIN-Initial **Full**, items endorsed in M4a-x or M4z1-4 will trigger a Rule Out of ASPD or Borderline Personality Disorder	For sites using the GAIN-Initial **Core**, the M4 items are not asked, and thus will only yield an Axis I diagnosis of Conduct Disorder

Axis II Diagnoses

- The GAIN only screens for the presence of severe personality problems and does not try to differentiate specific diagnoses. The GRRS and ICP, however, will generate one of two statements related to personality disorders:
- **Rule out 301.70 ASPD (Anti-Social Personality Disorder) and/or 301.83 BPD (Borderline Personality Disorder)** [(3+ Sx in M3b1-15 & 1+ days in M3c) or (3+Sx in M4z1-3 or M4z>0), and (16+ in M4a-x)] and
- **Rule out 301.90 Personality Disorder NOS** [(16+ in M4a-x) or (3+Sx in M4z1-3), or (M4z>0)]

Screening for Personality Disorders

The GAIN's personality complexity scale is divided into three subscales for three personality clusters:

Cautious Personality Index (CPI) for Cluster A

(Paranoid, Schizoid, and Schizotypal personality disorders) that characterizes people who often appear odd or eccentric.

	M4.	Do each of the next statements describe you **during the past 12 months**?	Yes	No
PCSS/ CPI	a.	You could **not** really trust people	1	0
	b.	Rather than get mad, you wanted to get even	1	0
	c.	You daydreamed or tried to space out the world a lot	1	0
	d.	You did **not** care to be around other people much	1	0
	e.	You were **not** very emotional about other people or things	1	0
	f.	You were afraid that you were crazy	1	0

Screening for Personality Disorders

- **Impulsive Personality Index (IPI) for Cluster B**
- (Anti-social, Borderline, Histrionic, and

PCSS/ IPI	g.	You often did **not** pay bills or live up to your commitments.	1	0
	h.	You lied often and easily.	1	0
	j.	You got bored easily or hated routines.	1	0
	k.	You often acted before thinking about the trouble you might get into.	1	0
	m.	You were a very moody person or had your feelings toward others change drastically.	1	0
	n.	You did **not** like being told by others what you should be doing.	1	0
	p.	You could usually get people to do things your way.	1	0
	q.	Other people think your problems are worse than they really are.	1	0

Screening for Personality Disorders

- **Worrying Personality Index (WPI) for Cluster C**

PCSS/ WPI	r.	You spent a lot of time trying to think through your problems or decide what to do.	1	0
	s.	You got mad at yourself a lot because you did **not** do a good enough job.	1	0
	t.	You felt like you could **not** make it through life.	1	0
	u.	You had a hard time deciding what to do.	1	0
	v.	You had a hard time changing the way you did things.	1	0
	w.	You often felt critical of others or picked on them.	1	0
	x.	You were very concerned about your health and other things that happened to you.	1	0

Cluster B and Self-Mutilating Behavior

- The questions in M4z are related to cutting, burning and other forms of self-mutilation.
- Statements about cutting behavior print under Axis II, but are *not* included in the mental health section (ASAM Dimension 3) in the GRRS.
- While most prototypical of Borderline Personality Disorder or other cluster B diagnoses, it is important to realize that these behaviors may represent important problems even if they are below the clinical threshold for a Cluster B diagnosis.
- Besides the obvious risk of harm to self, others may also quickly imitate such behaviors in treatment (particularly adolescents).

Diagnoses the GAIN Does NOT Address

- Bi-Polar (Mania not measured)
- Psychosis
- Schizophrenia
- Adjustment Disorder
- Reactive Attachment Disorders
- Eating Disorders (Anorexia; Bulimia)
- Other impulse control disorders
- Detailed Axis II disorders

Axes III and IV

- **Axis III, General Medical Conditions:** The GAIN will generate statements based on the client's self-reported physical health issues in the Physical Health Section, and based on the substances the client reported using in the S2 grid (specific substances may exacerbate physical health conditions).
- **Axis IV, Psychosocial and Environmental Stressors:** The GAIN will list major stressors, including school/work problems, problems/substance use in the home, and victimization.

Axis V

- The GAIN will never automatically generate an Axis V rating. However, clinicians can add Axis V ratings either at the end of the GAIN (supplemental diagnostic worksheet) or when editing the GRRS in GAIN ABS:
  - **GAF** (Global Assessment of Functioning). If the client is under 18, you will also have the option of entering a C-GAF (child GAF score).
  - **GARF** (Global Assessment of Relational Functioning)
  - **SOFAS** (Social Occupational Functioning Assessment Scale)

Clinical Judgment

- **Diagnoses are not decided by the criteria.**
- **Diagnoses are decided by clinicians (you) who use criteria as guidelines**.
  - When uncertain about whether a diagnosis is correct because you lack sufficient history to support your impression, use the qualifying term, "Provisional" or indicate "Rule Out" until further information can be gathered or until the diagnosis can be confirmed.
- **Stay within the scope of practice, training and licensure as recognized by your organization and state.**

For more information on DSM-IV Diagnoses

- GAIN Administration Manual Chapter 5
- http://www.chestnut.org/LI/gain/Manuals/G_5_Diagnosis.pdf
- Diagnoses in the GAIN handout (in Clinical Training Manual and on USB Flash Drive)
- Contact GAINClinical@chestnut.org

Thank You!